M10000003590

(Requestor's Name) .
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Offic
,
·

Office Use Only



900202956989

04/22/11--01022--007 **25.00

FILED

2011 APR 22 AM 4: \$0

SECRETARY DE STATE

C. LEWIS

APR 2 5 2011

EXAMINER

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: TailoredGra	ace, LLC			
	(Name of Forei	gn Limited Lia	bility Con	npany)
Dear Sir or Madam:				
The enclosed withdrawal and	fee(s) are submitted	for filing.		
Please return all corresponden	ce concerning this m	atter to the fol	lowing:	
Robert Carbone				
(Na	me of Person)			
TailoredGrace, LLC				
(Fir	m/Company)			
26 East Main Street				
(Ad	dress)			
Branford, CT 06405				
(Cit	y/State and Zip Code)			
For further information concer	ning this matter, plea	ise call:		
Robert Carbone		at (203) 2	14 8847
(Name of Pers	son)	(Area (Code & Day	ytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the fo	ollowing amount:			
	Filing Fee & Lificate of Status	\$55 Filing For Certified Con		\$60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

TailoredGrace, LLC	
(Name of limited liability company)	
Connecticut	
(Jurisdiction of its organization)	
M1000003590	
(Florida Document Number)	
This limited liability company is no longer transacting business in Florida authority to transact business in this state.	a and surrenders its
This limited liability company revokes the authority of its registered agent to its behalf and appoints the Department of State as its agent for service of cause of action arising during the time it was authorized to transact business in	to accept service on process based on a n Florida.
26 East Main Street	
(Mailing address)	
Branford, CT 06405	
(City/State/Zip)	
The limited liability company agrees to notify the Department of State in change in its mailing address.	n the future of any
(Signature of member or authorized representative of a member)	
Robert Carbone (Typed or printed name of signee)	

Filing Fee: \$25.00